2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State
02-24-2006 90002 022 ***150.00

DOCUMENT # K81539

1. Entity Name
J.M. ENTERPRISES OF BREVARD, INC.

Principal Place of Business	Mailing Address
1830 S. U.S. 1	1185 SUNNYBROOK LANE
ROCKLEDGE, FL 32955	ROCKLEDGE, FL 32955

02152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 14-7483421 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MASCOLO, JAMES M
1185 SUNNYBROOK LN
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MASCOLO, JAMES M	NAME	
STREET ADDRESS	1185 SUNNY BROOK LANE	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MASCOLO, MARGARET K	NAME	
STREET ADDRESS	1185 SUNNY BROOK LANE	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	
TITLE	TD ☒ Delete	TITLE	TD ☒ Change ☐ Addition
NAME	JEFFORDS, BONNIE	NAME	JAMES L. MASCOLO
STREET ADDRESS	960 LONGMEADOW LANE	STREET ADDRESS	1185 Sunny Brook LN.
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	Rockledge, FL 32955
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret K. Mascolo MARGARET K. MASCOLO 2/21/06 321-632-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #